

## APPLICATION CHECKLIST

### Motor Common Carrier of Persons in Paratransit Service

Use this checklist to make sure you have enclosed all required items or your application will not be processed. You cannot operate in Pennsylvania until you receive a Certificate of Public Convenience from the Commission.

- The original Application with original signatures (unless e-Filed with the Commission's online e-Filing system at [www.puc.pa.gov](http://www.puc.pa.gov) ).
- Verified Statement of Applicant.
- A certified check, money order, or check from your attorney for \$350 made payable to "Commonwealth of Pennsylvania."
- IF application is being made as an individual or sole proprietor.
- IF application is being filed by a Partnership, provide a list of the names and addresses of ALL partners.
- IF application is being filed by a Limited Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Partnership, provide a list of names and addresses of ALL partners, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Limited Liability Company, provide a list of the names and addresses of ALL members and the Title of each member, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation for Profit, provide a list of ALL corporate officers and titles, the name of each shareholder, distribution of shares, and your PA Corporation Bureau Entity ID Number.
- IF application is being filed by a Corporation Non-Profit, provide a list of ALL corporate officers and titles and those serving on the Board of Directors, and your PA Corporation Bureau Entity ID Number.

**ALL Parties to proceedings pending before the Commission must open and use an e-filing account through the Commission's website, OR you may submit your filing by overnight delivery. If a filing contains confidential or proprietary material, the filing is required to be submitted by overnight delivery.**

**If not e-Filed, mail your application and attachments to: SECRETARY PA PUBLIC UTILITY COMMISSION, 400 NORTH STREET, 2<sup>ND</sup> FLOOR, HARRISBURG, PA 17120**

Corporate entities (corporations, LPs, LLPs, and LLCs) and fictitious trade names must be registered with the PA Department of State. Companies incorporated in other states must register as a foreign business corporation. Individuals acting as sole proprietors and partnerships do not have to register.

If you are not registered with the PA Department of State, you can apply at its website at [www.dos.state.pa.us/corps](http://www.dos.state.pa.us/corps) on how to do business in Pennsylvania as:

PA Corporations (Profit and Non-Profit) – apply for Articles of Incorporation

Foreign Corporations – apply for a Certificate of Authority

PA Limited Partnerships (LPs), Limited Liability Partnerships (LLPs), and Limited Liability Companies (LLCs) – apply for an Application of Registration

Fictitious Name Registration – File ONLY IF Trade Name will be different than the business name you register with the PA Department of State.

## General Information for Preparing and Filing the Application for Motor Common Carrier of Persons in Paratransit Service.

1. This application is required to request a Certificate of Public Convenience to operate as a commercial carrier of people, when providing transportation on a nonexclusive, advance reservation basis. Service includes, but not restricted to:
  - Transportation of people whose personal convictions prevent them from owning or operating motor vehicles.
  - Transportation of people to correctional facilities for visitation.
  - Transportation of people in wheelchair and stretcher vans.

***\*Important Note: Paratransit carriers may not render service to or from airports.***

2. Upon approval of the application, you will be notified that prior to providing service in Pennsylvania you must submit evidence of insurance to the Public Utility Commission. **Your permanent evidence of insurance will be a Form E for bodily injury and property damage insurance.** This form is mailed to the Commission directly from the home office of your insurance carrier. The name and address on your Form E must **exactly** match the name and address you have provided on your application. Your insurance company must subscribe to the NIC Insurance Filing website at [www.nicinsurancefilings.com](http://www.nicinsurancefilings.com) . You will request the insurance company (not the agent) to file the required insurance forms electronically through NIC. Mailed insurance forms are no longer acceptable. The minimum limits of insurance are as follows:

Minimum limit dependent upon manufactured rated seating capacity of the vehicle. Carriers operating any vehicle of

- |                        |     |  |
|------------------------|-----|--|
| 15 passengers or less: | (a) | \$35,000 to cover liability for bodily injury, death or property damage incurred in an accident (BIPD).  |
|                        | (b) | \$25,000 first party medical benefits, \$10,000 first party wage loss benefits, and conforming to 75 PA C.S. §§1701 - 1798 (relating to Motor Vehicle Financial Responsibility Law). |
|                        | (c) | First party coverage of the driver of certificated vehicles shall meet the requirements of 75 PA C.S. §1711 (relating to required benefits).   |

## Application for Motor Common Carrier of Persons in Paratransit Service

THIS APPLICATION IS TO BE USED FOR COMMON CARRIER PASSENGER SERVICE WHEN PROVIDING TRANSPORTATION ON A NONEXCLUSIVE, ADVANCE RESERVATION BASIS.

1. **Legal Name of Applicant** (Individual, Partnership or Corporation)

Drive Safely Transportation LLC

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- If you are an individual who has not formed any type of corporate entity, you should enter your name **as it will appear on your insurance documents**.
- If you are filing for a partnership, but **not a limited liability partnership**, the names of all partners must be entered on this line. Those names should be entered **as they will appear on your insurance documents**. This includes husbands and wives filing jointly.
- If you are filing for a corporate entity (corporation, limited liability company, or limited liability partnership), **even if you are the sole shareholder member**, you must enter the name **exactly as it appears on the registration papers from the Corporation Bureau of the Pennsylvania Department of State**.

2. **Trade Name** (Attach a copy of fictitious name registration if applicable)

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This is any name which you will be operating under which differs from the **LEGAL NAME OF APPLICANT**. A **TRADE NAME** is considered a **FICTITIOUS NAME** if the identity of the applicant cannot be readily determined. *EXAMPLE: John Doe is the applicant and wants to use the name "Johnboy Vans" as his trade name. People cannot readily determine that John Doe is the actual operator; therefore, the name is fictitious and must be registered as such. Trade names such as "John Doe Vans" or "J. Doe Vans" are not considered fictitious and would not have to be registered.*

3. **Do you currently hold PUC Authority?** \_\_\_NO **Previous Authority?** \_\_\_NO

**If YES, at PUC No. A-** 6428505

4. **Are you a business entity registered with the PA Dept. of State?** \_\_\_NO

If NO, you must register (see checklist on how to register)

**If YES, provide your PA Corporation Bureau Entity ID Number** 93-4708639

(See checklist and indicate type of business entity registered)



**10. Describe the service area proposed by this application.**  
(Use the space below or attach additional sheet if space provided is not sufficient).

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Applicant currently holds authority to provide paratransit transportation service between points in the City and County of Philadelphia. Through this application, Applicant seeks to amend and expand its existing authority to include Delaware County, Pennsylvania.

Proposed Service Area:

To provide paratransit transportation service between points in the City and County of Philadelphia and points in Delaware County, Pennsylvania, and return; and between points within Delaware County, Pennsylvania.

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*Examples:*

- *To transport people whose personal convictions prevent them from owning or operating motor vehicles from points in Lancaster County to points in PA, and return.*
- *To transport people from the city and county of Philadelphia to correctional facilities in PA, and return.*
- *To transport people in wheelchair and stretcher vans from points in the city of Pittsburgh to points in Allegheny County, and return.*
- *To transport people between points in Northumberland County.*

**11. Certification:**

Applicant certifies that it is not now engaged in unauthorized intrastate transportation for compensation between points in Pennsylvania and will not engage in said transportation unless and until authorization is received from the Pennsylvania Public Utility Commission.

Applicant further certifies that it understands the requirements of the Pennsylvania Public Utility Commission, especially as they relate to safety and insurance and that it may be subject to civil penalties, suspension or cancellation of the Certificate for failure to comply with Commission requirements.

Applicant further certifies that it understands that it is subject to an annual assessment based upon its reported gross Pennsylvania intrastate revenues; said assessment to help defray expenses incurred in regulating Motor Common Carriers of Persons in Paratransit Service; and acknowledges that failure to report revenue and pay its annual assessment may result in civil penalties, suspension or cancellation of the certificate.

## Verification of Application

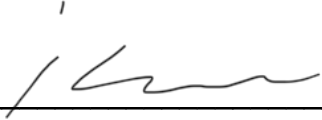
I/We hereby state that the statement(s) made in this application is/are true and correct to the best of my/our knowledge and belief.

The undersigned understands that false statements herein are made subject to the penalties of 18 Pa. C.S. Section 4904 relating to unsworn falsification to authorities.

Isameldin Ahmed

(Print Name)

(Signature)



06/01/2026

(Date)

The verification of the application must be completed by the applicant appearing on Line 1 of the application by the named individual, all partners if a partnership, a member (if a limited liability company), or by the President or Secretary (if a corporation).

# VERIFIED STATEMENT OF APPLICANT

THE FOLLOWING INFORMATION IS REQUIRED BY THE COMMISSION TO DETERMINE THE APPLICANT'S FITNESS TO OPERATE. STATEMENTS SHOULD BE TYPED OR PRINTED. ILLEGIBLE STATEMENTS WILL DELAY YOUR APPLICATION.

isameldin ahmed

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Legal Name of Applicant

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Trade Name, if any

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31 n millbourne avenue	upper darby	PA 19082	
<b>Street Address (principal place of business)</b>	<b>City or Municipality</b>	<b>State</b>	<b>Zip Code</b>

The Verified Statement of the Applicant factual details about your proposed transportation service. Your Verified Statement must answer all of the items listed below and on the following pages. Provide as much information as possible to prevent delay in processing your application. If you need more space to provide your answer, please attach additional pages identifying the appropriate item number.

1. Identify the person making the Verified Statement on behalf of the applicant. If an employee/officer of applicant is making the statement, give name, title, business address and telephone number.

Name: Isameldin Ahmed  
Title: Founder / Owner  
Business Address: 31 N Millbourne Ave, Upper Darby, PA 19082  
Telephone Number: 610-440-4040

2. List the applicant's affiliation (owner, manager, controls) with any other carrier, with the description of affiliation.

The person making this Verified Statement on behalf of the Applicant is Isameldin Ahmed, Owner and Managing Member of Drive Safely Transportation LLC

3. Describe the applicant's business experience, particularly any experience relating to the operation of a transportation service. If practical experience is lacking, please provide an explanation and description of any education or training that you believe may be relevant.

The applicant has over 35 years of experience in the transportation industry.

This experience includes non-emergency medical transportation (NEMT), student transportation, and paratransit services.

The applicant has extensive knowledge of passenger safety, vehicle operations, scheduling, driver oversight, and compliance with local and state transportation requirements.

The applicant has worked closely with schools, medical facilities, and community organizations, and is familiar with providing pre-arranged transportation services to passengers with special needs.

This experience provides the applicant with the practical knowledge necessary to safely and efficiently operate a paratransit transportation service.

4. Describe your facilities, record maintenance plan and your communication network. Please include a description of your physical location, to including office machines that will be utilized, and the facility to house vehicles. As a carrier of household goods in use, applicant should include a description of storage facilities, if applicable. Please include an explanation of your plan to maintain records required by the PUC, as well as normal business records. In regard to your communication network, please explain how you will receive customer requests for transportation, how you will dispatch the vehicles to fulfill the request, and how you will maintain continuous communication with your drivers.

See attached

5. Please state the number of drivers you intend to use or hire in your business and explain why that number of drivers is appropriate for the size of the territory you will be serving. In addition, please explain:
  - a. Your hiring standards for drivers;
  - b. Your system for conducting criminal background checks;
  - c. Your driver training program;
  - d. Your system for conducting driver license checks;
  - e. Your policies regarding alcohol and drug use by your drivers.

see attached

6. Please state the number of vehicles you plan to use in your business and why that number is appropriate to provide reasonable and efficient service to the territory you will be serving. If you have already obtained vehicles for your business, please list them in the chart below.

<u>YEAR</u>	<u>MAKE</u>	<u>MODEL</u>	<u>SEATING CAPACITY*</u>	<u>VEHICLE ID #</u>	<u>MILEAGE</u>
2014	toyota	sienna	6	5tddkk3dc0es074668	170,498

\*Vehicles with seating capacity of more than 15 passengers, including driver, can't be used in paratransit service.

7. Describe your vehicle safety program. Please include the following in your explanation:
  - a. Your periodic vehicle maintenance plan
  - b. Your system for ensuring your vehicles will continuously comply with applicable Pennsylvania vehicle equipment standards (67 Pa. Code, Chapter 175).

see attached.

8. Please explain what steps you have taken to determine if you can obtain insurance and pay the required insurance premiums.

Drive Safely Transportation LLC has already obtained commercial automobile insurance coverage through First Chicago Insurance Company and currently maintains an active policy for its transportation operations.

Policy Number: LVA 133309

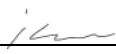
9. State whether the applicant has been convicted of a misdemeanor or felony. If applicant is partnership, limited liability partnership, corporation, or limited liability company this question applies to all members, officers, and/or shareholders. If "YES", explain.

\_\_\_\_\_ YES    NO    NO

10. Financial Data. Complete the "Statement of Financial Position", which follows this page. Please feel free to also provide additional information explaining why you believe you have sufficient funds to ensure your transportation business can provide reliable service to the public in a safe manner.

### Verification of Statement

The undersigned deposes and says that he/she is authorized to and does make this verification and that the facts set forth therein are true and correct to the best of his/her knowledge, information, and belief. The undersigned understands that false statements herein are made subject to penalties of 18 Pa. C. S. Section 4904 relating to unsworn falsification to authorities.



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(Signature)

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Isameldin Ahmed

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(Name and Title, printed or typed)

06/01/2026

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(Date)

**Statement of Financial Position (Balance Sheet)**  
**As of (date) 06/01/2026**  
**(Must be less than 6 months old)**

ASSETS

Current Assets		
Cash	20,000.00	
Other Current Assets (specify)	0	
Total Current Assets		20,000
Tangible Assets		
Motor Vehicle Equipment	7,000.00	
Property (buildings, land, etc.)	0	
Office Equipment		15,000.00
TOTAL ASSETS		35,000.00

LIABILITIES

Current Liabilities (Due within one year of date)		
Loans	0	
Credit cards/revolving credit	0	
Other Liabilities (Attach schedule)	0	
Total Current Liabilities		0
Long Term Liabilities (Due after one year of date)		
Mortgage	0	
Long term commercial loan	0	
Other Liabilities (Attach Schedule)	0	
Total Long-Term Liabilities		0
TOTAL LIABILITIES		0

# Drive Safely Transportation LLC

## Verified Statement Responses

### Question 4 – Facilities, Record Maintenance Plan, and Communication Network

Drive Safely Transportation LLC operates from its principal place of business located at 31 N. Millbourne Avenue, Upper Darby, Pennsylvania 19082, Delaware County. Administrative and operational functions are conducted from this location, which is equipped with computers, printers, internet access, telephones, and other office equipment necessary to manage transportation operations, maintain records, communicate with customers, and ensure compliance with Pennsylvania Public Utility Commission requirements.

Company vehicles are housed and maintained at secure locations designated by the Company. Vehicles are regularly inspected, monitored, and maintained in accordance with manufacturer recommendations and applicable Pennsylvania regulations.

Drive Safely Transportation LLC maintains all records required by the Pennsylvania Public Utility Commission, including driver qualification files, vehicle maintenance records, insurance records, accident reports, trip records, and other operational documents. Records are maintained electronically and in hard-copy format when necessary and are organized to ensure accessibility, accuracy, and compliance with applicable record retention requirements. The Company also maintains normal business records, including financial records, customer information, contracts, invoices, and payroll documentation.

The Company receives transportation requests through telephone calls, email communications, online inquiries, and direct customer contact. Transportation requests are reviewed and scheduled by management or designated dispatch personnel. Vehicles are dispatched using telephone communications, electronic messaging, GPS tracking technology, and transportation management software to ensure efficient trip coordination and service delivery.

Drive Safely Transportation LLC maintains continuous communication with drivers through company-issued mobile phones, telephone calls, text messaging, and GPS tracking technology. Drivers are required to remain accessible during operating hours and promptly report any service disruptions, vehicle issues, delays, accidents, or emergencies. These communication systems allow the Company to monitor operations, respond to customer needs, and ensure the safe and efficient delivery of transportation services.

### Question 5 – Drivers, Hiring Standards, Background Checks, Training, License Checks, and Drug & Alcohol Policy

Drive Safely Transportation LLC initially intends to utilize one (1) qualified driver and will hire additional drivers as operational demand increases. The use of one driver at the commencement of operations is appropriate because the Company will initially provide transportation services on a scheduled basis and can adequately serve the proposed territory while maintaining safe, reliable, and efficient service.

Hiring standards require drivers to be at least twenty-three (23) years of age, possess a valid driver's license, maintain a safe driving history, and successfully complete the Company's screening and qualification process.

Prior to permitting any individual to operate a vehicle, Drive Safely Transportation LLC obtains and reviews a Pennsylvania State Police Criminal History Background Check, FBI fingerprint-based criminal background check, Pennsylvania Child Abuse History Clearance, and any applicable criminal history records from states where the applicant resided during the preceding twelve (12) months.

Drivers receive training regarding passenger safety, defensive driving practices, customer service, vehicle inspections, emergency procedures, accident reporting requirements, company policies, and applicable

Pennsylvania Public Utility Commission regulations.

The Company obtains and reviews a motor vehicle driving history record before permitting a driver to operate and annually thereafter.

Drive Safely Transportation LLC maintains a zero-tolerance policy regarding the use of alcohol, illegal drugs, or any substance that may impair a driver's ability to safely operate a vehicle.

## **Question 7 – Vehicle Safety Program**

Drive Safely Transportation LLC maintains a comprehensive vehicle safety program designed to ensure that all vehicles are operated in a safe condition and remain in continuous compliance with applicable Pennsylvania laws and regulations.

Vehicle condition is monitored through daily pre-trip inspections conducted by drivers prior to service. Preventive maintenance is performed every 5,000 miles or every six (6) months, whichever occurs first. Additional preventive inspections are conducted every 10,000 to 15,000 miles. Pennsylvania safety inspections and emissions testing are completed as required by law.

The Company maintains procedures to ensure continuous compliance with applicable Pennsylvania vehicle equipment standards, including the requirements of 67 Pa. Code, Chapter 175. Detailed maintenance and repair records are maintained, and vehicles that do not meet Pennsylvania safety requirements are removed from service until corrective action has been completed.